

Affidavit Attached

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

7614

BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO.

1431

1. PLACE OF DEATH A. COUNTY Pima	B. LENGTH OF STAY IN THIS TOWN 1 week IN ARIZONA 27 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)	
	C. CITY OR TOWN Tucson		A. STATE Arizona B. COUNTY Navajo	
	D. FULL NAME OF HOSPITAL OR INSTITUTION Tucson Medical Center		C. CITY OR TOWN Ft. Apache	
3. NAME OF DECEASED (TYPE OR PRINT) JOSEPH ALLAN ADAMS		4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
6B. NAME OF SPOUSE Charlotte		7. DATE OF BIRTH MONTH DAY YEAR 10 19 97	8. AGE (IN YEARS LAST BIRTHDAY) 58	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Civil Service
9B. KIND OF BUSINESS OR INDUSTRY Baker	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Utah	11. CITIZEN OF WHAT COUNTRY? U.S.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) ---	13. SOCIAL SECURITY NO. ---
14A. FATHER'S NAME ----- Adams		14B. BIRTHPLACE (STATE OR COUNTRY) -----	15A. MOTHER'S MAIDEN NAME Agnes Pearson	
16. INFORMANT'S SIGNATURE Hugh Adams (Son)		ADDRESS Tucson, Arizona		17. DATE OF DEATH (MONTH) (DAY) (YEAR) DECEMBER 12, 1955
18. CAUSE OF DEATH ENTER ONE CAUSE PER LINE FOR (A), (B), (C). 295X THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED: 19A. DATE OF OPERATION	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Adrenal insufficiency DUE TO (B) Unknown Pyrexia Unknown Origin DUE TO (C) P.H.D. + Anemia II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. 19B. MAJOR FINDINGS OF OPERATION			INTERVAL BETWEEN ONSET AND DEATH 2 mos 2 mos
	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 12-6, 1955, TO 12-12, 1955, THAT I LAST SAW THE DECEASED ALIVE ON 12-11, 1955, AND THAT DEATH OCCURRED AT 6:25 AM FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
22A. SIGNATURE Colbert B. Johnson		22B. ADDRESS 2430 E. 6th St.		22C. DATE SIGNED 12-13-55
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?
24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED
25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		25B. DATE 12-13-55	25C. NAME OF CEMETERY OR CREMATORY ---	
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Lakeside, Arizona				
26A. DATE REC. BY LOCAL REG. 12-13-55		26B. REGISTRAR'S SIGNATURE J. H. Adams		27A. FUNERAL DIRECTOR'S SIGNATURE L. E. Locum
27B. ADDRESS Arizona Mortuary				